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## BIB DATA SHEET

CONFIRMATION NO. 2541

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/560,337	12/09/2005 RULE	424	1618	39170		
<b>APPLICANTS</b> Valerio Cioli, Roma, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/01755 05/28/2004 <b>** FOREIGN APPLICATIONS *****</b> ITALY RM2003A000288 06/10/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/23/2006						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /NISSA M WESTERBERG/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> PEARNE & GORDON LLP 1801 EAST 9TH STREET SUITE 1200 CLEVELAND, OH 44114-3108 UNITED STATES						
<b>TITLE</b> Sublingual administration of non-steroidal anti-inflammatory pharmacological substances						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		